





PETITION FOR EXTENSION		ollection of information unless it displays a valid OMB control n  Docket Number (Optional 408445				
	In re Application of Ethan R. Signer					
	Applicatio	Application Number 09/879,329 Filed June 12, 20				
		For REMOVAL OF SELECTABLE MARKERS FROM TRANSFORMED CELLS				
	Group Art 1642	Unit Exa	miner			
This is a request under the response in the above iden	provisions of 37 CF	R 1.136(a) to e	xtend the per	iod for filing a  MAR -		
The requested extension a		small-entity fee	are as follows	S		
(check time period desired)	: (37 CFR 1.17(a)(1))			OFFICE OF F		
				\$		
<u></u>						
I have enclosed a	is hereby authorize ayment, to Deposit duplicate copy of thi or.	Account Numb	er <u>12-0600</u> .	nay be required,		
i -	ord of the entire inte der 37 CFR 3.73(b)			/96)		
☐ attorney or age	• •	10 011010000. (1	01111110700	,00).		
_	nt under 37 CFR 1.3	34(a).				
Registration no	mber if acting under 37 (	CFR 1.34(a).	_ ·			
WARNING: Information of the included on this form	on this form may b . Provide credit ca	ecome public. ard information	Credit card and authori	information should not ization on PTO-2038.		
2/29/03 Date	0010054600 5.00 CR		4	Signature		
AUDURAN AAAAAN ACCEDOO	AKELLEY Ser:0987932 \$46		Dan Clev	eland, Jr. Reg. No. 36,106		
AWDNDAH1 00000071 09879329				d or printed name		

BLDRDOCS 68668v1

## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND								
1 Date of Request: # 15 03 2 Serial/Patent # 09 879.339								
3 Please refund the following fee(s):		4 PAPER NUMBER		5 DATE FILED	6 AMOUNT			
Filing					\$			
Amendment					\$			
Extension of Time		# 4		2.22.03	\$ 465.			
Notice of Appeal/Appeal					\$			
Petition					\$			
Issue					\$			
Cert of Correction/Terminal Disc.					\$			
Maintenance					\$			
Assignment				·	\$			
	Other			. :	\$			
		7 TOTAL AMOUNT S 465.						
		8 TO BE REFUNDED BY:						
10 REASON:		Treasury Check						
	Overpayment	Credit Deposit A/C #:						
	Duplicate Payment	, 12-0600						
	No Fee Due (Explanation):							
Extension feled after maximum extendable period for reply								
11 REFUND REQUESTED BY:								
TYPED/PRINTED NAME:  SIGNATURE: STATE:  PHONE: 358-6911  OFFICE: Lieu of Pilitian								
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